

**Piedmont Fiber Guild Application For
Teach It Forward Educational Assistance**

Name _____

Street Address _____

City/State/Zip _____

Home Phone _____ Work/Cell _____

E-Mail Address _____

References (Two people in the fiber field who know you and your work.)

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____

Name of school and/or provider of instruction _____

Date/dates of class _____

Title and short description of course (attach brochure if available)

Costs associated with the class

a. Tuition_____

b. Supplies and materials fees_____

c. Room and board_____

c. Travel costs_____

Amount of money you are requesting_____

Minimum amount of assistance needed to enable you to attend this class/workshop_____

In return for this assistance I agree to provide, without personal compensation, a workshop for the Piedmont Fiber Guild relating to the material learned as a result of this assistance within 12 months of my attendance. If for any reason I am unable to meet this condition of assistance, I will make arrangements with the board to repay the monies given to me.

By signing and submitting this request, I agree to abide by all regulations governing this Educational Assistance Fund.

Signature_____ Date_____